		WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212 ID N	0
1 LOCAT	ΓΙΟΝ OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
0	1. (4.	NE14 NW14 NW4	15	18	17 EM
County: Distance and	direction from nearest town	or city street address of well if loc	ated within city?	(•	
	()		,		
2 WATE	R WELL OWNER: ちん	and Observe			
RR #, S	at. Address, Box #:	Box 222 Nesse, CS 475	Board of Agriculture Application Number	e, Division of Water Resourd	ces
	WELL'S LOCATION WITH	4 DEPTH OF WELL	70' ft.		
1	'IN SECTION BOX:	WELL'S STATIC WATE	ER LEVEL ft.	- No Wester	-
		WELL WAS USED AS:			
NV	v	Domestic	5 Public Water Supply		
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G		
w		E 4 Industrial	8 Air Conditioning	, , , , , , , , , , , , , , , , , , , ,	
Was a chemical / bacteriological sample submitted to Department? Yes					
SW SE If yes, mo/day/yr sample was submitted					
		Water Well Disinfected: Ye	esX. No		
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes					
Casing	g height above or below land	surface	in.		<u> </u>
6 GROU	T PLUG MATERIAL:	Neat cement 2 Cement gro	out 3 Bentonite 4 0	Other	
1 1	Plug Intervals: From	ft. toft.	., Fromft. to	o ft., From	to f
What is the nearest source of possible contamination:					
Septic tank Sewer lines		6 Seepage pit7 Pit privy			•
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide storage	•	
Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	well	
	ion from well?) <u>.</u>	/ feet? 30 '		
Direct	ion nom wen?				
FROM TO PL		PLUGGING MATERIALS			
70'	100' Pau	ravel			
140'	50' lon	oucted Claux			
3'	12' Pm	Carrie			
50	1, 1,00	I d			
17'	12 (m	nt Pluf			
n'	0 Cas	ing pulled			
		<i>U'</i>			
7 CONT	RACTOR'S OF LANDOW	NER'S CERTIFICATION: This	s water well was plugged	under my jurisdiction a	nd was completed on
(mo/day/year)					
	ugder	the business name of			
by (sig	gnature)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~		

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.